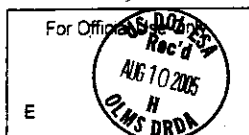


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>443</u> N.A.	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>JUDITH S HEETER</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>3100 W. 68th St</u> City <u>MISSION HILLS</u> State <u>KS</u> ZIP Code + 4 <u>66208</u>	4. Name, file number, and address of labor organization. Name <u>MAJOR LEAGUE BASEBALL PLAYERS ASSN</u> Labor Organization File Number <u></u> P.O. Box, Building and Room Number, if any <u></u> Street <u>12 E. 49th St</u> City <u>New York</u> State <u>New York</u> ZIP Code + 4 <u>10017</u>
5. Position in labor organization: <u>DIRECTOR OF BUSINESS AFFAIRS + LICENSING</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>MAJOR LEAGUE BASEBALL</u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>245 PARK AVENUE</u> City <u>NEW YORK</u> State <u>NEW YORK</u> ZIP Code + 4 <u>10022</u>	7.a. Nature of Interest, Transaction, or Income. <u>a) Reimbursement of expenses</u> <u><del>expenses</del> (Japan Tour)</u> <u>b) leather valise for Commissioner's</u> <u>Initiative Task Force</u>
7.b. Amount. <u>(a) approx. \$2100</u> <u>(b) approx. \$150</u>	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Judith S. Heeter</u>	On <u>8/1/05</u> Date	<u>212-826-0809</u> Telephone Number

Name of Person Filing <u>Judith S. Heeter</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Mike Berkus / Bob Wilke  
Trade Name, if any: National Card Show  
P.O. Box, Bldg., Room No., if any:                       
Street 4208 198th St., S.W.  
City Lynnwood,  
State WA ZIP Code + 4 98036

9. Business deals with:

- ☒ a. Labor Organization  
☐ b. Trust  
☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Major League Baseball  
Trade Name, if any:                       
P.O. Box, Bldg., Room No., if any:                       
Street 245 Park Ave.  
City New York  
State New York ZIP Code + 4 10022

11.a. Nature of such dealing.

Hosted dinner in Honolulu  
for industry guests

11.b. Approximate dollar value of such dealing.

\$100

12.a. Nature of interest held or income received.

Attended dinner

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Majestic Athletic  
Trade Name, if any:                       
P.O. Box, Bldg., Room No., if any:                       
Street 100 Majestic Way  
City Bangor  
State PA ZIP Code + 4 18013

14.a. Nature of payment.

Holiday gift bottle of  
Wine from Faust  
Capobianco, Pres.

13.b. Is the Business an Employer ☒

or Consultant ☐ ?

14.b. Amount of payment.

approx. \$75